

POSITION	ID NO.	DATE
CLASSIFIER		6-18-96
EXAMINER	350	670196
TYPIST	MA	7-5-96
VERIFIER	12	7-10-96
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
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SYMBOLS

✓	Rejected
■	Allowed
(Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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(LEFT INSIDE)